

Work Order # _____
Job # _____ Activity # _____

Requester fills out this section.

☐ Standing Work Permit

Requester MIKE LEST Date: 7/10/03 Ext. _____ Dept/Div/Group: PO/PHENIX
Contact person (if different from requester): _____ Ext. _____
Control Coordinator THOMAS SWEA Start Date 7/10/03 Est. End Date 7/30/03
Description of Work:
REPAIR FEED ELECTRONICS IN CRATES LOCATED IN THE TUNNEL
MAGNETS MAY REQUIRE USE OF AN EXTENSION LADDER TO ACCESS THE
FRONT NEAR THE TOP OF THE MAGNET
Building _____ Room _____ Equipment _____ Service Provider _____

2. WCC, Requester/Designee, Service Provider, and ES&H (as necessary) fill out this section or attach analysis.

ES&H ANALYSIS

Radiation Concerns ☒ None ☐ Activation ☐ Airborne ☐ Contamination ☐ Radiation ☐ Other _____
☐ Special nuclear materials involved, notify Isotope Special Materials Group ☐ Fissionable materials involved, notify Laboratory Criticality Officer
Safety Concerns ☐ None ☐ Ergonomics ☐ Transport of Haz/Rad Material
☐ Adding/Removing Walls or Roofs ☐ Confined Space* ☐ Explosives ☐ Lead* ☐ Penetrating Fire Walls
☐ Asbestos* ☐ Corrosive ☐ Flammable ☐ Magnetic Field* ☐ Pressurized Systems
☐ Beryllium* ☐ Cryogenic ☐ Fumes/Mist/Dust* ☐ Material Handling ☐ Rigging/Critical Lift
☐ Biohazard* ☐ Electrical ☐ Heat/Cold Stress ☐ Noise* ☐ Toxic Materials*
☐ Chemicals* ☒ Elevated Work* ☐ Hydraulic ☐ Non-ionizing Radiation* ☐ Vacuum
☐ Excavation ☐ Lasers* ☐ Oxygen Deficiency* ☐ Other _____
*Does this work require medical clearance or surveillance from the Occupational Medicine Clinic? ☐ Yes ☒ No

Environmental Concerns ☒ None ☐ Work impacts Environmental Permit No. _____
☐ Atmospheric Discharges (rad/non-rad) ☐ Land Use ☐ Soil activation/contamination ☐ Waste-Mixed
☐ Chemical or Rad Material Storage or Use ☐ Liquid Discharges ☐ Waste-Clean ☐ Waste-Radioactive
☐ Cesspools (UIC) ☐ Oil/PCB Management ☐ Waste-Hazardous ☐ Waste-Regulated Medical
☐ High water/power consumption ☐ Spill potential ☐ Waste-Industrial ☐ Underground Duct/Piping
Waste disposition by: N/A ☐ Other _____

Pollution Prevention (P2) / Waste Minimization Opportunity: ☒ None ☐ Yes

FACILITY CONCERNS

☒ None ☐ Access/Egress ☐ Electrical Noise ☐ Potential to Cause a False Alarm ☐ Vibrations
☐ Limitations ☐ Impacts Facility Use Agreement ☐ Temperature Change ☐ Other _____
☐ Configuration Control ☐ Maintenance Work on Ventilation Systems ☐ Utility Interruptions

WORK CONTROLS

Work Practices

☐ None ☐ Exhaust Ventilation ☐ Lockout/Tagout ☐ Spill Containment ☐ Other _____
☒ Back-up Person/Watch ☐ HP Coverage ☐ Posting/Warning Signs ☐ Time Limitation
☐ Barricades ☐ IH Survey ☐ Scaffolding-requires inspection ☐ Warning Alarm (i.e. "high level")

Protective Equipment

☒ None ☐ Ear Plugs ☐ Gloves ☐ Lab Coat ☐ Safety Glasses ☐ Safety Harness ☐ Full Protection
☐ Coveralls ☐ Ear Muffs ☐ Goggles ☐ Respirator ☐ Safety Shoes ☐ Other _____
☐ Disposable Clothing ☐ Face Shield ☐ Hard Hat ☐ Shoe Covers

Permits Required Permits must be valid when job is scheduled.

☐ None ☐ Cutting/Welding ☐ Impair Fire Protection Systems
☐ Concrete/Masonry Penetration ☐ Digging/Core Drilling ☐ Rad Work Permit-RWP No. _____
☐ Confined Space Entry ☐ Electrical Working Hot ☐ Other _____

Instrumentation/Monitoring

☐ None ☐ Heat Stress Monitor ☐ Real Time Monitor ☐ TLD
☐ Effluent ☐ Noise Survey/Dosimeter ☐ Self-reading Pencil Dosimeter ☐ Waste Characterization
☐ Ground Water ☐ O₂/Combustible Gas ☐ Self-reading Digital Dosimeter ☐ Other _____
☐ Ground Effluent ☐ Passive Vapor Monitor ☐ Sorbent Tube/Filter Pump

Training Requirements (List below specific training requirements)

Full Protection

Based on

Analysis above, the Walkdown Team determines the risk, complexity, and coordination ratings below.

Risk Level: ☐ Low ☒ Moderate ☐ High
Complexity Level: ☒ Low ☐ Moderate ☐ High
Coordination: ☒ Low ☐ Moderate ☐ High

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If using the permit when all hazard ratings are low, only the following need to sign:

WCC _____ DATE _____
Service Provider _____ DATE _____
Authorization to start _____
Departmental Sup/WCC/Designee _____ DATE _____

No need to use the back side of form.

3. Both work requester and service provider coordinate on work plan (use attachments for detailed plans)

Work Plan (procedures, timing, equipment, and personnel availability need to be addressed)

THE WORK ITSELF IS SKILL OF THE CRAFT
LADDIN TO BE TIED OFF TO MAIN BEAM OF MAINET

WORKER WILL USE HARNESS SECURED TO STRUCTURAL MEMBER
OF THE MAIN RACK PLATFORM AT THE TOP OF THE MAINET

A PERSON IS TO STAND WATCH AT THE BASE OF THE MAINET
WHILE WORK IS BEING PERFORMED AT ELEVATIONS ABOVE
4 TO 6 FEET.

Special Working Conditions Required: _____

Operational Limits Imposed: _____

Post Work Testing Required: ☒ No

Job Safety Analysis Required: ☐ Yes ☒ No

Walkdown Required: ☒ Yes ☐ No

Reviewed by: Primary Reviewer will determine the size of the review team and the other signatures required based on hazards and job complexity. Primary Reviewer signature means that the hazards and risks that could impact ES&H have been identified and will be controlled according to BNL requirements.

Title	Name (print)	Signature	Life #	Date
Primary Reviewer	V. SCOTT	<i>[Signature]</i>	13179	7/10/03
ES&H Professional	V. CIRVIGLIANO	<i>[Signature]</i>	21868	7/10/03
Other				
Other				
Work Control Coordinator	THOMAS SHEA	<i>[Signature]</i>	20208	7/10/03
Service Provider				

Review done: ☐ in series ☐ team

4. Job site personnel fills out this section.

Note: Signature indicates personnel performing work have read and understand the hazards and permit requirements (including attached permits).

Job Supervisor	<i>[Signature]</i>	Contractor Supervisor	
Workers	<i>[Signature]</i>	Workers	
	Life # F6046		Life #
	L6206		

Workers are encouraged to provide feedback on ES&H concerns or on ideas for improved job work flow. Use feedback form or space below.

5. Departmental Job Supervisor, Work Control Coordinator/Designee

Conditions are appropriate to start work: (Permit has been reviewed, work controls are in place and site is ready for job.)

Name THOMAS SHEA Signature *[Signature]* Life # 20208 Date 7/10/03

6. Departmental Job Supervisor, Work Requester/Designee determines if Post Job Review is required. ☐ No ☐ Yes

Post Job Review (Fill in names of reviewers)

Name	Signature	Life #	Date
Name	Signature	Life #	Date

7. Worker provides feedback.

Worker Feedback (use an attached sheet if necessary)

8. Work Control Coordinator (authorizing dept.) checks quality of completed permit and ensures the work site is left in an acceptable condition.

Closeout
Name THOMAS SHEA Signature *[Signature]* Life # 20208 Date 10/3/03
Comments WORK WAS COMPLETED WITHOUT INCIDENT